



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10345-NMG	
DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: Frank A. Libby, Jr., Esquire, counsel for Mohammed Abdul Rasheed Quraishi		
	Address (Street or RFD / Apt. # / City, State, and Zip Code): Kelly, Libby & Hoopes, P.C., 175 Federal Street, Boston, MA 02110		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. KAB x3294			
Signature of Attorney or other Originator requesting service on behalf of		[<input checked="" type="checkbox"/>] Plaintiff [<input type="checkbox"/>] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date March 3, 2006
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I [<input type="checkbox"/>] PERSONALLY SERVED, [<input type="checkbox"/>] HAVE LEGAL EVIDENCE OF SERVICE, [<input checked="" type="checkbox"/>] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[<input type="checkbox"/>] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[<input type="checkbox"/>] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [<input type="checkbox"/>] AM [<input type="checkbox"/>] PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection Preliminary Order served as directed above by certified mail number 7001 2510 0003 4299 4542. Postal receipt copy attached showing delivery but "Date of Delivery" section is blank. The Postal receipt was returned to the U.S. Customs office on March 30, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature x <u>Donna Orne</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Frank Libby, Jr., Esq. Counsel for Mohammed Abdul Rasheed Quraishi Kelly, Libby & Hoopes, P.C. 175 Federal St. Boston, MA 02110</p>		<p>B. Received by (Printed Name) <u>Donna Orne</u> C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service) 7001 2510 0003 4299 4542</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. Not for use with Certified Mail International)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To Frank Libby Jr., Esq.
Street, Apt. No.,
or PO Box No. 175 Federal St.
City, State, ZIP+4 Boston, MA 02110

Postmark Here
JOHN F. KENNEDY
BOSTON MA
MAR 24 2006
02114 USPC

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